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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail No. EV 686093365 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  
Dated: February 27, 2006 Signature: *[Signature]*  
(Richard Zimmermann)

Docket No.: 01017/30016A  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Paduslo et al.

Confirmation No.: 2632

Application No.: 10/796,522

Art Unit: 1649

Filed: March 9, 2004

Examiner: Olga N. Chernyshev

For: TREATMENT FOR CENTRAL NERVOUS  
SYSTEM DISORDERS

**AMENDMENT AND RESPONSE TO THE RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

This paper is in response to the Restriction Requirement mailed January 26, 2006. This response is timely filed.

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

There are no amendments to the specification.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.

03/02/2006 WABDELRI 00000046 10796522

01 FC:2202  
02 FC:2203

625.00 OP  
180.00 OP



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 805.00

### Complete if Known

Application Number	10/796,522-Conf. #2632
Filing Date	March 9, 2004
First Named Inventor	Joseph F. Poduslo
Examiner Name	Chernyshev, Olga N.
Art Unit	1649
Attorney Docket No.	01017/30016A

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 55 - 30 = 25 Extra Claims x 25.00 = 625.00 Fee Paid (\$)

Multiple Dependent Claims  
Fee (\$) 180.00 Fee Paid (\$) 180.00

Indep. Claims 2 - 4 = 2 Extra Claims x 100 = 200 Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = /50 Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

#### SUBMITTED BY

Signature	<i>Jeanne M. Brashear</i>	Registration No. (Attorney/Agent)	56,301	Telephone	(312) 474-6300
Name (Print/Type)	Jeanne M. Brashear	Date	February 27, 2006		

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Dated: February 27, 2006

Signature: *Richard Zimmermann* (Richard Zimmermann)